

MONTANA BOARD OF MEDICAL EXAMINERS
P. O. Box 200513
(301 S PARK, 4TH FLOOR - Delivery)
Helena, Montana 59620-0513
(406)841-2359 FAX (406) 841-2305
E-MAIL: dlibsmed@mt.gov WEBSITE: www.emt.mt.gov

ILLEGIBLE AND INCOMPLETE APPLICATIONS WILL BE RETURNED.

(Please allow 30 days for processing from the date that the Board has a complete routine application)

FEES

\$50.00 Application Fee

****Make check or money order payable to the Montana Board of Medical Examiners****

DOCUMENTS

The following documents must be submitted to the Board office in order to complete your application. Please make 8 ½" x 11" copies of the following and submit with your application.

Program Self Study (as described in the Program Application Manual).

APPLICATION PROCEDURES

When the application file is complete, it will be processed and considered by Board staff for approval. The applicant may be notified if additional information is required or if required to appear before the Board for an interview.

Keep the Board office informed at all times of any address changes or changes to the originally submitted application. This is essential for timely processing of applications and subsequent licensure.

PROCESSING PROCEDURES

Once an application is complete, the application takes up to 30 days to process from the time it is received in the Board office.

The applicant will be notified in writing of any deficient or missing items from the application file.

NOTIFICATION OF PROGRAM APPROVAL

The program approval number (to be used with all correspondence concerning the course) will be posted on the Board of Medical Examiners web site (www.emt.mt.gov) as soon as possible. No other correspondence will be made unless the department is requesting additional information to allow review of the application. An application denied (after additional receipt of additional requested material) will be returned to the Lead Instructor. Applications (including attachments) that are unreadable will not be reviewed and will be returned to the Lead Instructor

POST COURSE REQUIRED MATERIAL

Immediately following a course completion (within 10 working days) provide the Montana Board of Medical Examiners the following documentation: an agenda that reflects the actual course offering with date, instructor and location identified and a roster of students and their status at the end of the program (pass, fail or incomplete) for every student initially accepted into the course and the final examination scores (both written and practical). Your course will not be considered completed until receipt of the post course material identified here.

For information with regard to the processing of this application or other concerns please contact the Board of Medical Examiners staff at 841-2359 or email us at dlibsmed@mt.gov

MONTANA BOARD OF MEDICAL EXAMINERS
PO Box 200513
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Application for Program Approval: ☐ **Basic Life Support** ☐ **Advanced Life Support**

The original application must be received 30 days prior to the first day of class (according to the proposed agenda), the course may not begin prior to receiving approval (as identified on the web site).

☐ **YES** ☐ **NO** **Do you wish this Program to be listed on the website as OPEN?**

*(If you are willing to accept students from outside your community check **YES**.*

If yes is checked, your contact name, email and number will be provided on the web site to see)

PLEASE PRINT OR TYPE:

Agency Name: _____

Address: _____

Agency Contact: _____

LEAD INSTRUCTOR SUBMITTING APPLICATION

1. FULL NAME: _____
Last First Middle

2. E-MAIL ADDRESS: _____

3. TELEPHONE: (____) _____ (____) _____ (____) _____
Business Home Fax

4. LEVEL OF LICENSE: ☐ EMT-FR ☐ EMT-B ☐ EMT-I (99)
☐ EMT-P ☐ PHYSICIAN ☐ PHYSICIAN-ASSISTANT

5. LICENSE NUMBER: _____

I have submitted this application on behalf of the identified program and it's attachments for the expressed purpose of course approval and I hereby declare under penalty of perjury that any information included in this application to be true and complete to the best of my knowledge. I have read and am familiar with the applicable licensure laws of the State of Montana and instructions for program approval. I take full responsibility for the submission of this application on behalf of the identified agency.

Signature of Lead Instructor

Date